Annual Report
Termination RefCommonwealth of Pennsylvania Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer-Identification Report Filed By (and Number (Mark X)) Name of Filing Committee, Candidate or	
Lobbyist Committee 40	Re-Elect Brenda Williams Nichols Tress Street
City Corry	CAN COMPANY CO
Type of Report (Place x under report type)	
1-6 th Tuesday, 2: 2 nd Friday 3-30 Day Post 4-6 th Tuesday 5: 2 nd Fri Pre-Primary Pre-Primary Primary Pre-Election Pre-Elec	day 6:30 Day Post 7-Annual Special 2 Friday Special 30 Day Lion Election Post-Election
-Date Of Election Year	Amendment Termination Report
(MM/DD/YYYY) // // // // // // // // // // // // //	Report Re
Expenditures: (1-28-2017 12-31-201"	
A. Amount Brought Forward From Last Report S B. Total Monetary Contributions and Receipts S	
(From Schedule I) Schedule Sch	
D. Total Expenditures \$ \$ (From Schedule III) \$ \$ \$ \$ \$ \$	
(Subtract Line Difrom Line C) F. Value of Int Kind Contributions Received \$ (From Schedule II)	2: 59
G. Unpaid Debt's and Obligations \$ -895.3"	
Part 1- If this is a Committee report, treasurer sign here, If this is a Candidate report	vit Section ort, candidate sign here.
I swear (or affirm) that this report, including the attached schedules on paper, is to Sworn to and subscribed before me this	o the best of my knowledge and belief true, correct and complete.
30th day of ACL 20 8	Lunda Williams
Signature COMMONWEALTH OF PENNSYLVANIA	Signature of Person Submitting report Lynda Williams Printed Name
My Commission expires OQ OANGEIAL SEAL MO. DAY City dfRcorry, Eric County	814 663-7334 Area Code Daytime Telephone Number
My Commission Expires Sept. 9, 2018 Part II- If this is a report of a Candidate's Addition Expires Sept. 9 and Idate shalls	inn here.
I swear (or affirm) that to the best of my knowledge and belief this political commamended.	ittee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this day of 20 8	Brenda Williams Michols Brenda Williams Nichols
My Commission expires 09 09 / 18 COMMO NWEXITH BEENNEYLVANIA	Printed Name S14 6638747 Area Code Daytime Telephone Number
NOTARIAL SEAL Angela M. Burlew, Notary Public	
City of Corry, Eric County My Commission Expires Sept. 9, 2018 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES	

SCHEDULE 1 Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ ()
All Other Contributions (Part B)		\$ O
Total for the reporting period	(2)	\$ 0
3. Contributions Over \$250,00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ 0
All Other Contributions (Part D)		\$ 0
Total for the reporting period	(3)	\$ 0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total Manatary Contributions of Resolution 1997	(4)	\$ 0
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Rep Cover Page, Item B)	port	\$ 0

Total \$1,964.29 was the amount given to candidate or paid for ad once

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer identification	1. Number				
				· · ·	Amount
Full Name of Co	ntributing 🕒	· · · · · · · · · · · · · · · · · · ·	1	Date [MM/DD/YYYY] S	····
Committee				150 mm	
House#	Street Address			Date [MM/DD/YYYY] \$	
City	Section and Action 1975	State	Zip Code	Date [MM/DD/YYYY] \$	
				Pate troop partition as	
Full Name of Co	ntributing	575715777		Date [MM/DD/YYYY] \$	
Committee	10 AN AP 5 C. 15				
House#	Street Address			Date (MM/DD/YYYY) \$	
				Pare IMM/DD/TH11	
City		State	Zip Code	Date [MM/DD/YYYY] S	
		100			
Full Name of Cor	itributing			Date [MM/DD/YYYY] = \$	
Committee	Single property			1 P/2 1 P/2	
House#	Street Address	-n <u> </u>		Date [MM/DD/YYYY] \$)
	Statistical Control				
City		State	Zlp Code	Date [MM/DD/YYYY] \$	
				######################################	
Full Name of Con Committee	tributing		l.,	Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
	2.000 ED ED E				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Sector S				を表現しています。 ・	
Full Name of Cont	ributing		Manufacture of the Assessment	Date [MM/DD/YYYY] \$5	
Committee	All Sections (1995)				
House #	Street Address			Date [MM/DD/YYYY] \$	
				2000年2月1日 - 1900年2月1日 - 1900年	i
City		State	Zip Code	Date [MM/DD/YYYY] S	
				Mara Billion And Total	
Full Name of Cont	ributing	2557847); g5x	其外於"以內對於其中國的	Date [MM/DD/YYYY] \$	
Committee	instituti (Tital				
House #	Street Address			Date [MM/DD/YYYY] \$	
	675792 NESSEE 7.17				
City		State	Zip Code	Date [MM/DD/YYYY] \$	

PART B All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Hier identification Number				
Full Name of Contributo			Date [MM/DD/YYYY] \$	
House # St	reet Address		Date [MM/DD/YYYY] S	A0_11.1.
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # St	reët Address		Date (MM/DD/YYYY) \$	
Full Name of Contributor	State	Zip Code	Date [MM/DD/YYYY] \$	
House# Sta	·eet Address		Date [MM/DD/YYYY] \$	
dity	State	Zip Cotle	Date [MMI/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] .s.	
House # Str	eet Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	et Address	Printing accounts to the charge	Date [MM/DD/YYYY] \$	-7-1-
City Full Name of Contributor	State	Zip Code	Pate [MM/DD/XYYY] \$	
House # Stre	et Address		Date [MM/DD/YYYY] 5	
City	Staté	Zip Code	Date [MM/DD/XYYY]	

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer identification Number!

Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Stre	et Address		Date [MM/DD/YYYY] S	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	[5](28)(A)(2)(2)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)		Date [MM/DD/YYYY] . \$.	
	et Address		Date [MM/DD/YYYY] 5.	
City	State	Zip Code	Date [MM/DD/YYYY] . \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
	et Address	<u> </u>	Date [MM/DD/YYYY] 5	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	AND THE VALUE OF THE PARTY OF T		Date [MM/DD/YYYY] \$	
	t Address		Date [MM/DD/YYYY] 5	
City Full Name of	State	Zip Gode	Date [MM/Db/YYYY] \$	
Contributing Committee	Address	· · · · · · · · · · · · · · · · · · ·	Date (MM/DD/YYYY) \$	
City	State	Zio Cada	Date (MM/DD/YYYY) \$	
Full Name of		.cip.Loge	Date [MM/DD/YYYY] S	
Contributing Committee	Address			
City	State	ZIp Code		
			Date [MM/DD/YYYY] \$	

PART D All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer (dentification Number:	THE REAL PROPERTY.		
	82.1		
Full Name of Contributor	A CONTRACTOR OF THE CONTRACTOR		Date (MM/DD/YYYY) \$
House# Stre	eet Address		Date [MM/DD/YYYY] \$
CITY	State	Zip Cöde	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address Principal Place of Business			Occupation
Principal Place of Business Full Name of Contributor	al-Torball(LAL)		
Pulmame of communication			Date [MM/DD/YYYY] S
House # Stree	et Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	ASE CALL	Harapage and the passers conserved	Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Cate [MM/DD/YYYY] \$
House# Stree	et Address		Date [MM/DD/YYYY] \$
City -	State	Zip Gode	Date [MM/DD/YYYY] \$
Employer Name		Electronic and a second	Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
	t Address		Date [MM/DD/YYYY] S
City	State	Zip Gode	Date [MM/0D/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business	Target u.s.		mente de anticipaçõe I

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification I	Numbers			
Full Name	The same			
House#	Street Address			
City has the sum of th	Ant of	State	Zip Code	(Date)[MM//DD/YYYY] \$
Receipt Description			F 100 (100) \$1,000 (100) \$1,000 (100)	[5335]
House #	Street Address			
City		State	Zlp Code	Date [MM/DD/YYYY] 5
Receipt Description	Din .			
Füll Name (s)	Street Address			
City		State	Zio	Date [MM/DD/YYYY] S
Réceipt Descriptio	n		Code	Date (MM/DD/YYYY) S
Full Name	i visa			
House #	Street Address			
City 1		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description Full Name			Samuel Sa	1郵停電
House#	Street Address			
City		State	Zip Gode	Date [MM/DD/YYYY] S
Receipt Description	XXXXXXXX			
Full Name House #	Street Address			
City	Perger WOOLBES	State	Zip	Date [MM/DD/YYYY] . \$
Receipt Description			Code	
oveiht nestilbilot	i e			Lossian

SCHEDULE !!

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer identification Number:						
	BUTIONS REGEIVED	VALUE OF \$50,00	ØR LESS PER CON	TRIBUTOR		
TOTAL for the reporting period	(1)	\$	0			
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50).01 TØ \$250.00 (F	ROM PARTIF)		sen, syan, assertant in 19	
TOTAL for the reporting period	(2)	\$	0			
3 IN KIND CONTRIBUTION RECE	IVED-VALUE OVER \$	250:00 (FROM PAR	F G)	Property of the	generalismos (1868) (186	
TOTAL for the reporting period	(3)	\$				
TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals fn on Page 1, Report Cover Page, Item F)	NS DURING THIS REF om boxes 1, 2, and 3	PORTING \$	0			

2017 #350.00 was the Total amount for whole campaign in in-kind donations

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer identification Number:

Full Name of Contrib	iutor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contri	bution				
Full Name of Contrib	utor	<u> </u>		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	**
	Street Address			Spare [MMM/DD/CDF4]	\$
City		107.140.2401			
		State	Zip Gode	Date [MM/DD/YYYY]	
Description of Contri					
Full Name of Contrib	utor			Date [MM/DD/YYYY]	S
House #	Street Address		10-20-0	Date [MM/DD/YYYY]	\$
					*
City :		State	Zip Code	Date [MM/DD/YYYY]	5
Description of Contrib	utlen.				
Full Name of Contribu	tor			Date MM/DD/YYYY	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	
			1,20		
Description of Contrib					
Full Name of Contribu	tor			Date [MM/DD/XYYY]	1
House#	Street Address	···		Date [MIVI/DD/YYYY] :	
				mate [mm/00/1111]	
City		State	Zip Code		
•			wh code	Date [MM/DD/YYYY]	i e 3
Description of Contrib	ution				
			-		

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer (dentification Number:	
Full Name of Contributor	Date [MM/DD/YYYY]
House # Street Address	Date [MM/DD/YYYY] \$
City State 2	Zip Code Date [MM/DD/YYYY] \$
	The second of th
Employer Name Employer Mailing Address / Principal	Occupation Description
Employer Mailing Address / Principal Place of Business	Description of process of the contribution of
Full Name of Contributor	Contribution
	第2章 第2章
House# Street Address	Date [MM/DD/YYYY] S
	Ip/Code Date [MM/DD/YYYY] \$
Employer Name	Occupation:
Employer Mailing Address / Principal Place of Business	Description of Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip	p-Code Date [MM/DD/YYYY] \$
Employer Name	Orcupation
Employer Mailing Address / Principal Place of Business	Description of
Full Name of Contributor.	Contribution Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal	Occupation
Place of Business	Description of Contribution

Statement of Expenditures

Filer/Identific	kation Number;		
To Whom P	ald 1		Date (MIW/DD/YYYY)
House#	Street Address		Description of Expenditure
City	State	te Zip Code	
To Whom Po			Date [MM/DD/YYYY] \$
House #	Street Address	INCOME INCOME.	Description of Expenditure
City To Whom Pa	State	de Zip Code	
			Date [MM/DD/YYYY] \$
House#	Street Address State	e Zip	Description of Expanditure
To Whom Pa		E ZIP Code	Pate [MM/DD/YYYY] \$
House #	Street Address		Description of Expenditure
City	State		DESCRIPTION CAPENDAME
To Whom Pa		Code	Date [MM/DD/YYYY] SS
Hause #	Street Address		Description of Expenditure
City	State	Žib	
To Whom Pal	id.	Code	Date (MM/DD/YYYY)
House #	Street Address		Description of Expenditure
City	State	Zip Code	
To Whom Pai	(d		Date [MM/DD/YXYY] \$
House#	Street Address		Description of Expenditure
Gity	Stata	Zip Code	
To Whom Pal	d d	A Process/Kalendia appropriate	Date [MM/DD/YYYY] \$
House #	Street Address		Description of Expenditure
City	State	Žip Code	

2017 > 2,842.72 was amound Expenditures paid for expenses. 2842.72 -1947.35 -895.37 candidate is

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer identification Numbers

Name of Creditor		Outstanding Balance of Debt
House# Str.	eet Address DATE DEBT INCURRED [MM/DD/YYYY].	\$
City Description of Debt	State Zip Gode	
Name of Creditor		Outstanding Balance of Debt
	PET Address DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State Zip Code	
Description of Debt	1年20年2月1日日日 (年本本本語語202年)	
Name of Creditor House # Stre		Outstanding Balance of Debt
City	[MM/DD/YYYY] State Zip	
Description of Debt	Code	
Name of Craditor		Outstanding Balance of Debt
House# Stre	et Address DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of Debt	State Zip Code	
Name of Creditor		
4.5 (1.4 (1.5)	et Address DATE DEBT INCURRED	Outstanding Balance of Debt
City	[MM/pp/YYYY]	
Description of Debt	State Zip Code	
Name of Creditor	- Pro-	Outstanding Balance of Debt
	t Address DATE DEBT INCURRED.	
	[MM/bb/YYYY]	
City Description of Debt	State Zip Code	
A CHARLES OF CASE OF PARTY.		

-895.37 candidate is in delot